# U.S. Department of Labor Employment Standards Administration Office of Labor-Management Standards Administration Washington, DC 20210 U.S. Department of Labor FORM LM-2 LABOR ORGANIZATION ANNUAL REPORT MUST BE USED BY LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN TOTAL ANNUAL RECEIPTS WITH \$200,000 OR MORE IN TOTAL ANNUAL RECEIPTS WITH \$200

MUST BE USED BY LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS IN TRUSTEESHIP

Form Approved Office of Management and Budget No. 1215-0188 Expires: 11-30-2002

TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS IN TRUSTEESHIP

Total annual Receipts and Labor Organization in Trusteeship

Total annual Receipts and Labor Organization in Trusteeship

Total annual Receipts and Labor Organization in Trusteeship

Total annual Receipts annual Receipts annual Receipts annual Rece

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.
For Official Use On Necro 1. FILE NUMBER 2. PERIOD COVERED 3. (a) AMENDED — If this is an amended report correcting a previously filed report, check here:
From 0 1 0 1 2 0 0 1 (b) TERMINAL — If your organization ceased to exist and this is its terminal report, see Section XII of the instructions and check here:
E Through 1 2 3 1 2 0 0 1 (c) SUBSIDIARY — If this is a report for a subsidiary organization of your union as defined in Section X of the instructions, check here:
8. MAILING ADDRESS
First Name
JOHN M
José Nome
FITZGERALD
I I I Z G E K A L B
P.O. Box · Building and Room Number (if any)
4. AFFILIATION OR ORGANIZATION NAME  Number and Street
ELECTRICAL WORKERS IBEW AFL-CIO
5. DESIGNATION (Local, Loage, etc.)  6. DESIGNATION NUMBER
LU 134 City
7. UNIT NAME (if any)  CHICAGO
State ZIP Code + 4
9. Are your organization's records kept at its mailing address? Yes No L L 6 0 6 6 1 -
75. ADDITIONAL INFORMATION
Item Number I
Each of the undersigned, duly authorized officers of the above labor organization, declares, under the applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VI on penalties in the instructions.)
76. Mickal Figured BUS-MGR/FINL-SECY 77. SIGNED: E. J. Bustine PRESIDENT
SIGNED: (If other title, (If other title,
3/28/02 (3/2) 454-/340 see instructions.) 3/26/02 (3/2) 454-/340 see instructions.)
Date Telephone Number Date Telephone Number

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During the Reporting	Period Did Your Organization:			18. How many members did your organization have at the end of the 1 8 4 6 6
	ry organization" as defined in instructions?		No X	reporting period?
	pate in the administration of a			19. What is the date of your organization's next regular election of officers?
trust or other funding the instructions	d or organization, as defined s, which provides benefits for beneficiaries?	<b>X</b> [		20. What is the maximum amount recoverable under your organization's fidelity bond for a loss caused by any officer or employee of your organization?  5 0 0 0 0 0
	action committee (PAC)	<b>X</b> [		21. What are your organization's rates of dues and fees? (Enter a minimum and maximum if more than one rate applies for any line.)
13. Acquire or dispos	se of any goods or property in	V (	<b>-</b>	Rates of Dues and Fees
any manner othe	r than by purchase or sale?	X [		(a) Regular Dues/Fees \$ 8.05 - 47.45 per MONTH (Month, Year, etc.)
14. Have an audit or	review of its books and records			(b) Initiation Fees \$ 5.00 - 350.00
	countant or by a parent body tative?	X [		(c) Transfer Fees \$ 2.00 - 350.00
15. Discover any loss	s or shortage of funds or		X	(d) Work Permits \$ per
	ven if there has been repayment			22. During the reporting period, did your organization have any changes in its constitution and bylaws  (other than rates of dues and fees) or in practices/
	who was paid \$10,000 or more	•		procedures listed in the instructions?
more as an office	tion and also received \$10,000 or er or employee of another labor f an employee benefit plan?		X	(If the constitution and bylaws or practices/ procedures have changed, see the instructions.)
	ce any liabilities without		X	23. Were any of your organization's assets pledged as security or encumbered in any other way at the end of the reporting period?
				24. Did your organization have any contingent liabilities at the end of the reporting period?
	of the above questions is "Yes," pro ed in the instructions for each item.,		ails	(If the answer to Item 23 or 24 is "Yes," provide details in Item 75.)

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#### Complete Schedules 1 Through 15 Before Completing Statement A

Enter Amounts in Dollars Only -- Do Not Enter Cents

	ASSETS Item	From SCH #	Start of Reporting Period (A)	End of Reporting Period (B)
	25. Cash		2 2 4 3 0 5 5	2 0 3 3 5 5 8
	26. Accounts Receivable		1 6 1 9 5 4	1 5 9 0 0 3
TIS	27. Loans Receivable	1	3 1 7 0 5	1 4 7 5 9
ASSETS	28. U.S. Treasury Securities		7 0 9 2 0 2	5 1 9 6 2 0
1	29. Investments	2	6 8 1 8 4 2 9	7 2 0 5 1 8 9
	30. Fixed Assets	5	2 0 1 3 6 7 1	2 1 9 5 7 0 7
	31. Other Assets	3	1 0 8 5 0 6	3 6 8 1 7 2
	32. TOTAL ASSETS		1 2 0 8 6 5 2 2	1 2 4 9 6 0 0 8
	LIABILITIES Item	From SCH #	Start of Reporting Period (C)	End of Reporting Period (D)
	33. Accounts Payable		3 3 2 7 7 9	2 6 6 9 2 8
IES	34. Loans Payable	8	0	0
LIABILITIES	35. Mortgages Payable		0	0
LIAI	36. Other Liabilities	4	1 9 0 5 0 6 7	2 5 9 9 0 5 7
	37. TOTAL LIABILITIES		2 2 3 7 8 4 6	2 8 6 5 9 8 5
	38. NET ASSETS (Item 32 less Item 37)		9 8 4 8 6 7 6	9630023
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#### STATEMENT B - RECEIPTS AND DISBURSEMENTS

FILE NUMBER: 0 3 5 - 3 9 9

#### Complete Schedules 1 Through 15 Before Completing Statement B

Enter Amounts in Dollars Only -- Do Not Enter Cents

CASH RECEIPTS Item	From SCH #		CASH DISBURSEMENTS	From SCH #	AMOUNT
39. Dues		8 4 3 9 5 6 7	56. To Officers	9	3 5 2 1 7 0
40. Per Capita Tax		0	57. To Employees	10	2 6 6 1 7 7 2
41. Fees		2 5 8 6 6 4	58. Per Capita Tax		3 3 9 5 8 6
42. Fines		0	59. Fees, Fines, Assessments, etc		0
43. Assessments		0	60. Office & Administrative Expense	13	9 5 0 3 1 0
44. Work Permits		3 8 4 1	61. Educational & Publicity Expense		168888
45. Sale of Supplies		0	62. Professional Fees		7 5 6 1 9 5
46. Interest		5 0 2 8 3 8	63. Benefits	11	1089283
47. Dividends		0	64. Contributions, Gifts & Grants	12	171207
48. Rents		1 8 0 2 5	65. Supplies for Resale		0
49. Sale of Investments & Fixed Assets	6	3 7 5 7 9 5 4	66. Direct Taxes	:	3 6 1 7 0 2
50. Loans Obtained	8	0	67. Withholding Taxes		1 1 3 4 2 2 2
51. Repayments of Loans Made	1	17164	68. Purchase of Investments & Fixed Assets	7	4 6 2 3 2 5 5
52. On Behalf of Affiliates for Transmittal to Them		0	69. Loans Made	1	2 1 8
53. From Members for Disbursement on Their Behalf		5 0 1 6 7 2 8	70. Repayment of Loans Obtained	8	0
54. Other Receipts	14	4 9 7 9 0 1	71. To Affiliates of Funds Collected on Their Behalf		0
			72. On Behalf of Individual Members		4 9 3 4 0 3 8
			73. Other Disbursements	15	1 1 7 9 3 3 3
55. TOTAL RECEIPTS		18512682	74. TOTAL DISBURSEMENTS		18722179

#### Enter Amounts in Dollars Only -- Do Not Enter Cents

#### **SCHEDULE 1 – LOANS RECEIVABLE**

List below loans to officers, employees, or members which at any time during the reporting		ans					Repa	yme	ents	Recei	ved During Period		Loa			
period exceeded \$250 and list all loans to business enterprises regardless of amount.  (A)	Outstar Start of (E	f Peri			Loans Made During Period (C)		 Cas (D)(				Other Than Cash (D)(2)	Outs End	stan l of l E)	Perio	at d	
Name: JW BALLENGER     Purpose: MEMBER LIFE INS PREM     Security: LIFE INS BENE     Terms: N/A	3	3 5	; g	) 4		0	3	5	9	4	0			•		0
2. Name: WJ DAVERN Purpose: MEMBR LIFE INS PREM Security: LIFE INS BENE Terms: N/A	3	3 6		9	5	5 2				0	0		3	6	7	1
3. Name: L DVORAK Purpose: MEM LIFE INS PREMIUM Security: LIFE INS BENE Terms: N/A	3	3 8	. 3	3	5	5 2				0	0		3	8	8	5
4. Totals from additional pages (if any)	2 (	) 5	7	' 6	1 1	<b>1</b> 4	1 3	4	8	7	0		7	2	0	3
5. Totals of loans not listed above	<del></del>		8	3		0			8	3	0		-	-		0
6. Totals of Lines 1 through 5	3 1	7	C	5	. 2 1	8	1 7	1	6	4	0	1	4	7	5	9
The totals from Line 6 are entered in	Item Colum	27 ın (A)	)		Item 69		 . Iten	n 51	.,,		ltem 75with Explanation		It	em 2	7 n (E	

#### SCHEDULE 2 - INVESTMENTS (OTHER THAN U.S. TREASURY SECURITIES)

FILE NUMBER: 0 3 5 - 3 9 9

#### **SCHEDULE 3 - OTHER ASSETS**

Description (A)			Α	mou (B)				
Marketable Securities  1. Total Cost		7	6	4	8	4	6	4
2. Total Book Value		7	2	0	5	1	8	9
3. List each marketable security which has a book value over \$1,000 and exceeds 20% of Line 2.  AFL-CIO HOUSING INVESTMENT  (a) TRUST		2	6	8	6	3	2	0
(b)	<del></del>							
(c)								
(d)								
Other Investments					<b></b>			
4. Total Cost								0
5. Total Book Value								0
List each other investment which has a book value over \$1,000 and exceeds 20% of Line 5. Also list each subsidiary for which separate reports are attached.								
(a) None								0
(b)								
(c)								
(d)								
(e) Total from additional pages (if any)			_			_		
7. Total of Lines 2 and 5		7	2	0	5	1	8	9
The total from Line 7 is entered in		I	tem	29,	Colu	mn ·	(B)	
orm LM-2 (Revised 2000)								2 -

Description (A)	Boo	k V (B)	alue			
1. PREPAID AFFILIATED P/C TAXES		4	8	4	8	0
2. PREPAID PENSION COST	2	7	3	6	0	0
3. PREPAID EXPENSES		4	6	0	9	2
4.						
5.						
6. Total from additional pages (if any)	_					
7. Total of Lines 1 through 6	3	6	8	1	7	2
The total from Line 7 is entered in	Iter	n 31	, Co	lum	n (B)	,

#### SCHEDULE 4 - OTHER LIABILITIES

Description (A)			of P (B)	erio	d		
1. DUES COLLECTED IN ADVANCE	1	3	4	9	4	5	3
2. ADVANCE MEMBER PAYMENTS			-				
3. GROUP INSURANCE PAYABLE &							
4. PER CAPITA TAXES PAYABLE	1	2	1	1	7	4	9
5. UNREMITTED PAC CONTRIBUTIONS			3	7	8	5	5
6. Total from additional pages (if any)							
7. Total of Lines 1 through 6	2	5	9	9	0	5	7
The total from Line 7 is entered in		1	tem	36, (	Colu	nn (i	D)

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# SCHEDULE 5 - FIXED ASSETS

FILE NUMBER: 0 3 5 - 3 9 9

Description (A)			Cost ner E (B	Basi	s			Total D Amou	nt				r				Boo /alu (D)	е		-			Fa	Va	/lark llue E)			
1. Land (give location): 566 WEST WASHINGTON ST. CHICAGO, IL			3	8 9	9 3	3 8	3									3	3 8	3	9	3	8			3	8	9	3	8
2. Totals from additional pages (if any)			2	2 9	9 4	4 3	3									2	2 :	2	9	4	3			2	2	9	4	3
3. Buildings (give location): 566 WEST WASHINGTON CHICAGO IL			4	7 4	4 3	3 2	2	<u></u>	3	5	7	0	1					1	7	3	1			1	1	7	3	1
4. Totals from additional pages (if any)	3	8	8	6 8	3 -	1 1	1	3 1	0	3	3	6	6		7	' 8	3 ;	3	4	4	5		7	8	3	4	4	5
5. Automobiles and Other Vehicles		7	6	2 :	5 (	) 4	4	1	8	0	9	0	3		Ę	5 8	3	1	6	0	1		5	8	1	6	0	1
6. Office Furniture and Equipment	1	1	4	2 4	4 (	9 4	1	6	9	8	1	1	3				. 4	4	3	8	1		4	4	4	3	8	1
7. Other Fixed Assets		3	3	4 :	5 (	) 2	2	-	2	1	8	3	4		3	} ^	1	2	6	6	8		3	1	2	6	6	8
8. Totals of Lines 1 through 7	6	2	3	5 6	3 2	2 4	4	4 0	3	9	9	1	7	2		Ş	} ;	5	7	0	7	2	1	9	5	7	0	7
The total from Line 8, Column (D ) is entered in		•						•••••				•••••			It	em 3	i0, 0	Colu	mn	(B)						_		

#### SCHEDULE 6 - SALE OF INVESTMENTS AND FIXED ASSETS

	8. Net Sales		3 7	7 5 7 9 5 4
	7. Less Reinvestments			0
6. Totals of Lines 1 through 5	3762720	3762720	3757954	3757954
5. Totals from additional pages (if any)				
4.				
3.		· · · · · · · · · · · · · · · · · · ·		
OTHER INVESTMENTS	2756350	2756350	2749854	2749854
1. US TREASURIES	1006370	1006370	1008100	1008100
Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Gross Sales Price (D)	Amount Received (E)

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# SCHEDULE 7 - PURCHASE OF INVESTMENTS AND FIXED ASSETS FILE NUMBER: 0 3 5 - 3 9 9

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Cash Paid (D)
1. BUILDING IMPROVEMENTS	149017	149017	178444
2. AUTOMOBILES (17)	471662	471662	320048
3. OFFICE EQUIPMENT	167419	167419	167419
4. OTHER INVESTMENTS	3143687	3143687	3143687
5. Totals from additional pages (if any)	813657	813657	813657
6. Totals of Lines 1 through 5	4745442	4745442	4623255
	7. Less Reinvestments		0
	8. Net Purchases	4 6	3 2 3 2 5 5
The total from Line 8 is entered in			Item 68

#### **SCHEDULE 8 -- LOANS PAYABLE**

	Lance Owendat
Other Than Cash (D)(2)	Loans Owed at End of Period (E)
0	0
	·
	···-
0	C
ltem 75	Item 34
	Item 75with Explanation

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# SCHEDULE 9 - ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

FILE NUMBER: 0 3 5 - 3 9 9

(A) Na	(List all persons who held office during the reporting per they received no salary or other disbursements.)	riod even if	(be	ros fore				d		I	Disbursements for Official	Other						
(B) Tit	e (Enter title of officer, such as PRESIDENT or TREASURER	Status (C)*	othe		edi (D)		ions	3)	Allowances (E)		Business (F)	Disbursements (G)			To (F			
BUETTN 1. PRESI		С		8	9	2	0	ه	3 9 0 0		3 3 7 7	0		9	9 6	4	8	3
FITZGE	erald John Mgr/fin sec	С	1	3	0	4	8	2	3 9 0 0	)	2805	0		1 3	3 7	1	8	7
FOLEY 3. VICE	TIMOTHY	С	1	1	0	7	4	9	3 9 0 0		4385	0		1 :	1 9	0	3	4
NIEDER 4. TREAS		С		8	9	2	0	6	3 9 0 0		2 0 0 3	0		5	9 5	1	0	9
RIOUX 5. REC S	RICHARD	С		8	9	2	0	6	3 9 0 0		2 3 1 1	0		<u></u>	9 5	4	1	7
6.				,														
7.																		
8. Totals from	n additional pages (if any)																	
9. Totals of Li	ines 1 through 8			5 (	3 (	8	4	9	19500	)	1 4 8 8 1	. 0		5	4	3 2	<u>2</u> 3	0
										1	10. Less Deduction	s 1	9	1	0	6		0
The total fr	rom Line 11 is entered in			•••••		,	.,		Item 56	1	11. Net Disburseme	ents 3	5	2	1	7	' (	<u> </u>
*Code for Sta	atus (C): past officer - P; continuing officer - C; new o	fficer during t	he repo	orting	g pe	riod	I - N	ł.	· · · · · · · · · · · · · · · · · · ·		(if any officer was no	t elected at a regular electorstitution and bylaws, ex	tion ii	n acco	ordar or 75	ice w	ith	

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your organization's constitution and bylaws, explain in Item 75.)

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# SCHEDULE 10 - DISBURSEMENTS TO EMPLOYEES

FILE NUMBER: 0 3 5 - 3 9 9

(A) Name (List all employees who received m from your organization and any affil (B) Position (Enter employee's job title.) (C) Name of Affiliated Organization	ore than \$10,000 in total disbursements iliates.)  (if applicable)			ta	xes uct	s ar	nd	Ailov	van (E)	ces	5	Disbursements for Official Business (F)	Other Disbursements (G)			ota (H)		
ALLEN	TERRY		8	9	2	0	6	3	9	0	0	2117	0		9	5	2	2 3
1. BUS AGENT																		
N/A																		
ANDERSON	KENNETH		8	9	2	0	6	3	9	0	0	2195	0		9	5	3	0 1
2. BUS AGENT																		
N/A																		
BENDA	COLLEEN		4	9	1	5	5				0	0	0		4	9	1	5 5
3. OFFICE																		
N/A																		
BROOKS	ELIZABE		4	3	5	5	5	•			0	0	0		4	3	5	5 5
4. OFFICE		:																
N/A								•										
BUETTNER	KAREN		4	5	6	3	8				0	0	0		4	5	6	3 8
5. OFFICE																		
N/A		ļ ;											u.					
6. Totals from additional pages (if any)		3 0	8 (	4	9	9	4	8 5	8	0	0	79649	0	3 2	2 5	0	4	4 3
<ol> <li>Totals for all employees who, during the re \$10,000 or less in total disbursements fror any affiliates</li> </ol>	eporting period, received n your organization and	1	6	1	2	1	4			<del></del>	0	0	0		1 6	3 1	2	1 4
8. Totals of Lines 1 through 7		3	5 (	6 2	2 9	6	8	9	3 (	3 (	0 (	83961	0	3	7 4	0	5	2 9
												9. Less Deductions	1 0	7 8	3	7	5	7
The total from Line 10 is entered in			•••••	•••••	•••••			Item 57				10. Net Disburseme	nts 2 6	6 1	<u> </u>	7	7	2
arm LM 2 (Paying d 2000)	· · · · · · · · · · · · · · · · · · ·																-	

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# SCHEDULE 11 - BENEFITS

FILE NUMBER: 0 3 5 - 3 9 9

Description (A)	To Whom Paid (B)			oun C)	t	•	
1. HEALTH AND WELFARE FUNDS	TRUST	4	1	2	7	8	1
2. PENSION FUNDS	TRUST	6	7	6	5	0	2
3.						· · · · ·	
4.							
5. Total from additional pages (if any)							
6. Total of Lines 1 through 5		1 0	8 (	9	2	8	3
The total from Line 6 is entered in			Ite	em 6	 33		

#### SCHEDULE 12 -CONTRIBUTIONS, GIFTS & GRANTS

Description (A)			oun B)	t		
1. CHARITABLE		8	6	4	7	8
2. LABOR RELATED		8	3	0	4	5
3. FLOWERS			1	6	8	4
4.						
5.						
6.						
7. Total from additional pages (if any)		-				
8. Total of Lines 1 through 7	1	7	1	2	0	7
The total from Line 8 is entered in	 	Ite	em 6	4		

# SCHEDULE 13 - OFFICE & ADMINISTRATIVE EXPENSE

Description (A)			ount 3)			
1. STATIONARY/SUPPLIES/PRINTING	3	3	1	5	3	7
2. BANK CHARGES			1	7	2	7
3. POSTAGE	1	6	3	1	2	9
4. TELEPHONE	1	5	5	6	3	8
5. DUES/SUBSCRIPTIONS			4	7	8	9
6. REPAIRS		9	7	1	2	7
7. Total from additional pages (if any)	1	9	6	3	6	3
8. Total of Lines 1 through 7	9	5	0	3	1	0
The total from Line 8 is entered in	 	. Ite	m 60	)		·

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# SCHEDULE 14 - OTHER RECEIPTS

Description (A)			oun B)	t		
1. REIMBURSEMENT FROM L.M.C.C.		5	4	0	0	8
2. COMMUNITY SERVICE INCOME	1	0	3	7	2	8
3. SUBPEONA FEES			1	0	3	9
4. PAC FUND DONATIONS	1	0	0	5	9	0
5. REFUND OF POSTAGE				2	4	9
6.PER CAPITA TAX REBATE			9	4	6	9
7. ATM NETWORK FEES			2	0	6	3
8. REIMB OF SALARY FROM INTL		4	9	7	5	8
9. REIMB OF SALARY FROM EJATT		2	8	2	0	9
10. JURY DUTY REIMBURSEMENT		-			3	4
11. RAFFLE PROCEEDS		•	1	6	0	0
RECEIPTS FROM MEMBERS TO 12. OFFSET						0
13. AFFILIATED PER CAPITA TAX	1	4	7	1	5	4
14.						
15.						
16. Total from additional pages (if any)						
17. Total of Lines 1 through 16	4	9	7	9	0	1
The total from Line 17 is entered in	 	. Iter	n 54	ļ		

# SCHEDULE 15 - OTHER DISBURSEMENTS

Description (A)				ioun B)	t		
1.ELECTION EXPENSE	-	1	2	7	2	5	1
2.PICKETING EXPENSESS				7	7	2	0
3.STEWARD EXPENSE			4	3	7	1	3
4. UNION BUTTONS			3	2	4	5	2
GROUP INS. REFUNDED TO 5.MEMBERS				6	6	0	3
6. PARADE EXPENSE					5	7	5
7.COMMUNITY SERVICE EXPENSE		1	7	2	0	7	2
8.LOBBYING EXPENSE					5	9	9
9.REFUND OF DUES			4	7	1	3	0
10. COMPUTER EXPENSES		2	4	6	5	6	7
11. GRIEVANCE EXPENSE				3	4	2	0
12.MEMBER DRUG SCREENING						4	0
13. ARBITRATION EXPENSE			2	2	4	0	6
14. NEGOTIATION EXP - NON ALLOCABLE		-	3	4	0	0	3
15.OTHER PAYRL W/H REMITTED		1	3	8	4	4	2
16. Total from additional pages (if any)		2	9	6	3	4	0
17. Total of Lines 1 through 16	1	1	7	9	3	3	3
The total from Line 17 is entered in			Ite	m 7	3		

ELECTRICAL WORKERS IBEW AFL-CIO

ENDING DATE OF PERIOD COVERED:

12/31/2001

#### FILE NUMBER: 0 3 5 - 3 9 9

(A) Name (List all employees who receive from your organization and any (B) Position (Enter employee's job title.) (C) Name of Affiliated Organization	ed more than \$10,000 in total disbursements affiliates.) On (if applicable)	Gros (before other d	tax	kes ucti	and		Ailow (	var E)		;	Disbursements for Official Business (F)	Other Disbursements (G)				ota! H)			
CADDIGAN OFFICE MNGR N/A	MICHAEL	8	9	2	2 0	6	3	9	0	0	2038	0		9	5	5 1	1	4 4	1
CORTEZ OFFICE N/A	MARY JO	4	5	0	8	0				0	0	0		4	 	 5 (	)	8 (	)
CRAWLEY BUS AGENT N/A	LAWRENC	8	9	2	2 0	6	3	9	0	0	10863	0	1	0	) 3	3 9	•	6 9	)
DUNNE BUS AGENT N/A	CHARLES	8	9	2	0	6	3	9	0	0	3708	0		9	) 6	 8 8	3	1 4	1
ELMORE OFFICE N/A	GLENNA	4	6	2	9	0				0	0	0		4	. 6	3 2	2	9 (	)

ELECTRICAL WORKERS IBEW AFL-CIO

ENDING DATE OF PERIOD COVERED:

12/31/2001

#### FILE NUMBER: 0 3 5 - 3 9 9

(A) Name (List all employees who received me from your organization and any affilial (B) Position (Enter employee's job title.)  (C) Name of Affiliated Organization	ore than \$10,000 in total disbursements iates.)  (if applicable)	Gro (befo other	de	axe	s a	nd	Alle	owai (E)		es	Disbursements for Official Business (F)	Other Disbursements (G)			otal H)	-	
EVANS BUS AGENT N/A	SAMUEL		8	9 :	2 (	6		3 9	) (	0 0	1544	0	٤	9 4	4 6	3 ;	5 0
FEDANZO BUS AGENT N/A	MICHAEL		8	9 :	2 (	) 6		3 9	) (	0 0	3 3 3 3	0	Ş		3 4	. ;	3 9
FEGAN OFFICE N/A	JUDITH		4	3 4	4 2	2 5				0	0	0	4	 }	3 4	. 2	2 5
FINKE OFFICE N/A	CATHERI		1	3 (	0 7	' 2				0	0	0	1	   3	3 0	) 7	7 2
FLIRIS BUS AGENT N/A	JAMES	1	1	0 8	8 2	2 3	,	3 9	) (	0 0	6236	0	1 2	2 (	9 8	) {	5 9

ELECTRICAL WORKERS IBEW AFL-CIO

ENDING DATE OF PERIOD COVERED:

12/31/2001

#### FILE NUMBER: 0 3 5 - 3 9 9

(A) Name (List all employees who received a from your organization and any at (B) Position (Enter employee's job title.)  (C) Name of Affiliated Organization	nore than \$10,000 in total disbursements filiates.) (if applicable)	Gross (before other de	tax	es a	and		Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)			otal		
FOLEY BUS AGENT N/A	MARY EL	8	9	2	0 6	3	3900	3818	0	g	9 6	3 8	) :	2 4
GARTLAND OFFICE N/A	DIANE	4	8	6	8 5	5	0	0	0	4	 } 8	3 6	<u> </u>	8 5
GARTNER OFFICE N/A	INGE	4	0	7	0 1		0	0	0	4	ı C	7	<b>7</b> (	0 1
GONZALEZ LOST WAGES N/A	HECTOR	2	9	6	6 5		0	0	0	2	2 9	9 6	6 (	6 5
GRIFFIN OFFICE N/A	CACHET	1	0	4	1 5	5	0	0	0	1	1 (	) 4	. ·	1 5

ELECTRICAL WORKERS IBEW AFL-CIO

ENDING DATE OF PERIOD COVERED:

12/31/2001

#### FILE NUMBER: 0 3 5 - 3 9 9

(A) Name (List all employees who received no from your organization and any aff (B) Position (Enter employee's job title.)  (C) Name of Affiliated Organization	nore than \$10,000 in total disbursements iliates.) (if applicable)	(before other d	ta	xes uct	s an		Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)			tai 1)		
GRIFFO JANITORIAL N/A	FRANK	3	9	9 1	1 1	2	0	0	0	(3)	3 9	1	1	2
JANIK JANITORIAL N/A	ANDREW	1	5	5 2	2 8	0	0	0	0	1	   5	2	Ε. ε	3 0
JANIK JANITORIAL N/A	JOZEF	7	8	3 8	3 7	1	0	0	0	7	' 8	8	7	' 1
JOHNSON OFFICE N/A	HOWARD	1	0	3 (	3 6	2	0	0	0	1	0	8	6	2
KARKULA OFFICE N/A	ELIZABE	1	2	2 6	3 9	3	0	0	0	1	2	6	ę	3

ELECTRICAL WORKERS IBEW AFL-CIO

ENDING DATE OF PERIOD COVERED:

12/31/2001

#### FILE NUMBER: 0 3 5 - 3 9 9

(A) Name (List all employees who receive from your organization and any (B) Position (Enter employee's job title.) (C) Name of Affiliated Organization	ed more than \$10,000 in total disbursements affiliates.) On (if applicable)	(before other de	tax	es a	and		Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)		Tota (H)			
KELLY OFFICE N/A	MAURA	1	3	2	8 ;	3	0	0	0	1	3 :	2	8	3
KELLY BUS AGENT N/A	RICHARD	8	9	2	0 (	6	3900	3 3 7 0	0	9	6	4	7	6
KENEVAN BUS AGENT N/A	DANIEL	8	9	2	8	1	3900	5312	0	9	8 4	4	9	3
MAHONEY OFFICE N/A	KERRY	3	3	8	2 :	2	0	0	0	3	3 (	3	2	2
MCDERMOTT OFFICE N/A	DAVID	1	4	8	3 :	5	0	0	0	1	4	3	3	5

ELECTRICAL WORKERS IBEW AFL-CIO

ENDING DATE OF PERIOD COVERED:

12/31/2001

#### FILE NUMBER: 0 3 5 - 3 9 9

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.)  (B) Position (Enter employee's job title.)		(before other d	tax edu	es a	and		Allow	anc	es		Disbursements for Official Business		Other Disbursements	nts						
(C) Name of Affiliated Organization	(if applicable)	(D)			(E)			(F)		(G)		(H)								
MCELLIGOTT	CANDACE	1	0	1	3 9				C				0		0		1	0 -	1	3 9
OFFICE		•																		
N/A																				
MCNAMARA	JAMES	8	9	2	0 6		3	9	0 0	,		3 0	4		0		9	3 4	1	1 0
BUS AGENT																				
N/A																				
MILLER	SHANNON	4	6	5	5 1				C	,			0		0	,	4	6 5	5	5 1
OFFICE																				
N/A															Ì					
MOYLAN	MARTIN	8	9	2	0 6		3	9	0 0	,	2 (	0 0	1		0	ļ	9	5 1	1	0 7
BUS AGENT																				
N/A																				
MURPHY	RICHARD	8	9	2	0 6		3	9	0 0		5 7	7 9	5		0	!	9	8 9	)	0 1
BUS AGENT																				
N/A	į																			

ELECTRICAL WORKERS IBEW AFL-CIO

ENDING DATE OF PERIOD COVERED:

12/31/2001

#### FILE NUMBER: 0 3 5 - 3 9 9

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.)  (B) Position (Enter employee's job title.)  (C) Name of Affiliated Organization (if applicable)		(befor	e ta	Salary axes and ductions) D)				Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)		
MURRAY LOST WAGES N/A	KEVIN		1 :	2 :	5	1 :	3	0	0	0	1 2 5	1 3	
NOBLE OFFICE N/A	ISMAEL		9	5	1 (	0 8	8	0	0	0	951(	0 8	
NUGENT BUS AGENT N/A	MICHAEL	8	8 :	9 ;	3 \$	5 (	6	3900	3 4 6 0	0	9671	1 6	
OHARA BUS AGENT N/A	PATRCK		8 :	9 2	2 (	0 (	6	3900	2762	0	9586	6 8	
PARILLI BUS AGENT N/A	ROBERT		8	9 2	2 (	0 (	6	3900	1641	0	9474	4 7	

ELECTRICAL WORKERS IBEW AFL-CIO

ENDING DATE OF PERIOD COVERED:

12/31/2001

#### FILE NUMBER: 0 3 5 - 3 9 9

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.)  (B) Position (Enter employee's job title.)  (C) Name of Affiliated Organization (if applicable)		Gross Salary (before taxes and other deductions) (D)			Aliowances (E)		Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)									
pokorny office n/a	IRMGARD	4	4	9	0	7			•	0	0	0	4	4	4 (	9	0	7
PONDER BUS AGENT N/A	RUSSELL	8	9	2	0	6	3 9	 9	0	0	3646	0	•	9 1	6 7	7	5	2
REHBERG BUS AGENT N/A	DAVID	8	9	2	0	6	3 9	₽	0	0	2801	0	(	9 ;	5 9	•	0	7
REILLY BUS AGENT N/A	ROBERT	8	9	2	8	1	3 9	9	0	0	2421	0	(	9 ;	 5 €	3	0	2
RESZKE OFFICE N/A	BONNIE	5	6	2	9	8	-			0	0	0		5 (	6 2	2	9	8

ELECTRICAL WORKERS IBEW AFL-CIO

ENDING DATE OF PERIOD COVERED:

12/31/2001

# FILE NUMBER: 0 3 5 - 3 9 9

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.)  (B) Position (Enter employee's job title.)  (C) Name of Affiliated Organization (if applicable)	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
ROHRICH KATHLEE  OFFICE  N/A	45436	0	0	0	45436
SHOPKUS EDWARD OFFICE N/A	41147	0	0	0	41147
SIPPLE RICHARD BUS AGENT N/A	89206	3900	3107	0	96213
SMYDER JOE BUS AGENT N/A	89281	3900	3 8 4 3	0	97024
SNYDER GERALYN OFFICE N/A	92786	0	0	0	92786

ELECTRICAL WORKERS IBEW AFL-CIO

ENDING DATE OF PERIOD COVERED:

12/31/2001

#### FILE NUMBER: 0 3 5 - 3 9 9

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.)  (B) Position (Enter employee's job title.)  (C) Name of Affiliated Organization (if applicable)		(befo	fores Salary fore taxes and er deductions) (D)			and		Allowances (E)		Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
STARKS OFFICE N/A	SANDRA		7	8	1	4 4	4	0		0	0	78144
TOVAR BUS AGENT N/A	LUIS		8	9	2	 8	1	3 9 0 0		5725	0	98906
VILLANOVA BUS AGENT N/A	THOMAS		8	9	2	0 (	6	3 9 0 0		1921	0	95027
WEBER OFFICE N/A	JOANNE		4	1	1	1 :	5	0		0	0	41115
YANDEL OFFICE N/A	MAUREEN		4	0	1 (	6 (	0	0		0	0	40160

ORG	ΔΝΙΖΑ	MOIT	NAME:	

ELECTRICAL WORKERS IBEW AFL-CIO

ENDING DATE OF PERIOD COVERED:

12/31/2001

FILE NUMBER: 0 3 5 - 3 9 9

# SCHEDULE 1 – LOANS RECEIVABLE (continued)

List below loans to officers, employees, or members which at any time during the reporting period exceeded \$250 and list all loans to business enterprises regardless of amount.  (A)	embers which at any time during the reporting riod exceeded \$250 and list all loans to siness enterprises regardless of amount.  Loans  Outstanding at Start of Period		Repayments Rece  Cash (D)(1)	ived During Period Other Than Cash (D)(2)	Loans Outstanding at End of Period (E)
4. Name: WE FISCHER Purpose: MEM LIFE INS PREMIUM Security: LIFE INS BENEFT Terms: N/A	5 4 3	(C) 0	5 4 3	0	0
5. Name: E HEDSTROM Purpose: MEM LIFE INS PREMIUM Security: LIFE INS BENEFT Terms: N/A	3 5 4 3	9	3 5 5 2	0	0
6. Name: C KANE Purpose: MEM LIFE INS PREMIUM Security: LIFE INS BENEFT Terms: N/A	3 6 9 4	0	3 6 9 4	0	0
7. Name: F KOEHLER Purpose: MEM LIFE INS PREMIUM Security: LIFE INS BENEFT Terms: N/A	2 2 0 5	0	2 2 0 5	0	0

ANIZATION NAME:	FILE NUMBER: 0 3 5 - 3 9 9
ECTRICAL WORKERS IBEW AFL-CIO	

ORGANIZATION NAME:
ELECTRICAL WORKERS IBEW AFL-CIO
ENDING DATE OF PERIOD COVERED:
12/31/2001

# SCHEDULE 1 – LOANS RECEIVABLE (continued)

List below loans to officers, employees, or members which at any time during the reporting period exceeded \$250 and list all loans to business enterprises regardless of amount.  (A)	Loans Outstanding at Start of Period (B)	Loans Made During Period (C)	Repayments Recei	ived During Period  Other Than Cash (D)(2)	Loans Outstanding at End of Period (E)
8. Name: H SCHAFER Purpose: MEM LIFE INS BENEFT Security: LIFE INS PREM Terms: N/A	3 3 6 6	5 3	0	0	3 4 1 9
9. Name: G WALLACE Purpose: MEM LIFE INS PREMIUM Security: LIFE INS BENEFT Terms: N/A	3 7 3 2	5 2	0	0	3 7 8 4
10. Name: BE LUKES Purpose: MEM LIFE INS BENEFT Security: LIFE INS PREM Terms: N/A	3 4 9 3	0	3 4 9 3	0	0

ORGANIZATION NAME:
ELECTRICAL WORKERS IBEW AFL-CIO
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ENDING DATE OF DEDICE COVERED.

ENDING DATE OF PERIOD COVERED: 12/31/2001

# SCHEDULE 5 – FIXED ASSETS: LAND (continued)

Description of Land (give location) (A)	Cost or Other Basis (B)	Total Depreciation or Amount Expensed (C)	Book Value (D)	Fair Market Value (E)
600 WEST WASHINGTON ST. CHICAGO, IL	2 2 9 4 3		2 2 9 4 3	22943
		<u> </u>		
		_		
		_		
		_		

ORGANIZATION NAME: ELECTRICAL WORKERS IBEW AFL-CIO	
ENDING DATE OF PERIOD COVERED: 12/31/2001	

# SCHEDULE 5 – FIXED ASSETS: BUILDINGS (continued)

Description of Buildings (give location) (A)	Cost or Other Basis (B)	Total Depreciation or Amount Expensed (C)	Book Value (D)	Fair Market Value (E)
600 WEST WASHINGTON CHICAGO IL	3886811	3103366	7 8 3 4 4 5	783445
		·		·····
				<del></del>
			,	

ORGANIZATION NAME:	
ELECTRICAL WORKERS IBEW AFL-CIO	
ENDING DATE OF PERIOD COVERED:	=

# SCHEDULE 7- PURCHASE OF INVESTMENTS AND FIXED ASSETS (continued)

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Cash Paid (D)
US TREASURY SECURITIES	792283	792283	792283
OTHER FIXED ASSETS	21374	21374	21374
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			<del></del>

12/31/2001

GANIZATION NAME:	FILE NUMBER:	0	3 5	 3	a	a l
ECTRICAL WORKERS IBEW AFL-CIO		Ľ		 		$\preceq$
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ENDING DATE OF PERIOD COVERED: 12/31/2001

# SCHEDULE 13 – OFFICE & ADMINISTRATIVE EXPENSE (continued)

Description (A)		ouni 3)	<u> </u>		
HEAT/LIGHT/POWER	6	3	5	4	5
OUTSIDE SERVICES & MAINTENANCE	1	3	3	6	9
GENERAL INSURANCE	6	6	9	6	6
RENT	5	2	4	8	3
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	<del></del>			··-	
	<del></del>		-		
				<del> </del>	
	<del></del>				

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ELECTRICAL WORKERS IBEW AFL-CIO

ENDING DATE OF PERIOD COVERED:

12/31/2001

# SCHEDULE 15 – OTHER DISBURSEMENTS (continued)

CONEDUCE IS CINEN				<b>,</b> ,				•••
Description (A)					ount B)	1		
PENSION BENEFIT GUARANTEE CORP					2	3	3	7
ORGANIZING EXPENSE - NON ALLOC.					8	6	0	5
AUTO EXPENSES - NONALLOCABLE					5	6	6	3
PARKING LOT EXPENSE			,	2	3	4	3	8
MEETING EXPENSE - NONALLOCABLE			1	7	9	7	8	0
TRANSFER TO PAC FUND				7	6	5	1	7
			•					
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FILE NUMBER: 0 3 5 - 3 9 9

ORGANIZATION NAME: ELECTRICAL WORKERS IBEW AFL-CIO

ENDING DATE OF PERIOD COVERED: 12/31/2001

n Number		·				
11	ELECTRICAL CONTRACTORS ASSOCIATION OF THE CITY OF CHICAGO AND LOCAL UNION NO. 134, I.B TRUSTS OF CHICAGO	.E.W. JOINT PENSION				
	PLAN NO. 2 EIN NO 52-6030753 PLAN NO. 002					
	PLAN NO. 4 EIN NO 51-6030753 PLAN NO. 004					
	PLAN NO. 5 EIN NO 51-6030753 PLAN NO. 005					
	PLAN NO. 6 EIN NO 51-6030753 PLAN NO. 006					
	Provides pension benefits to members.					
	ELECTRICAL INSURANCE TRUSTEES INSURANCE FUND FOR ELECTRICAL CONTRACTORS					
	EIN NO 36-1033970 PLAN NO. 501					
}	Provides health and welfare benefits to members.					
	ELECTRICAL INSURANCE TRUSTEES INSURANCE FUND FOR COMMUNICATION EMPLOYEES					
	EIN NO 36-1033970 PLAN NO. 510					
	Provides health and welfare benefits to members					
į	ELECTRICAL INSURANCE TRUSTEES INSURANCE FUND FOR OTHER PARTICIPATING EMPLOYERS					
	EIN NO 36-1033970 PLAN NO. 502					
	Provides health and welfare benefits to members.					
	ELECTRICAL INSURANCE TRUSTEES INSURANCE FUND FOR OTHER PARTICIPATING EMPLOYERS					
	EIN NO 36-1033970 PLAN NO. 501					
	EIN NO 36-1033970 PLAN NO. 507					
	Provides health and welfare benefits to members.					
	ELECTRICAL INSURANCE TRUSTEES ADDITIONAL SECURITY BENEFIT PLAN					
į	EIN NO 36-1033970 PLAN NO. 512					

	· · · · · · · · · · · · · · · · · · ·
ANIZATION NAME:	FILE NUMBER: 0 3 5 - 3 9 9
CTRICAL WORKERS IBEW AFL-CIO	

ENDING DATE OF PERIOD COVERED: 12/31/2001

#### 75. ADDITIONAL INFORMATION(continued)

item Number 11

Provides additional security benefits to members.

ELECTRICAL INSURANCE TRUSTEES ADDITIONAL SECURITY BENEFIT PLAN FOR COMMUNICATION MEMBERS

EIN NO 36-1033970 PLAN NO. 513

Provides additional security benefits to members.

THE ABOVE FUNDS ARE LOCATED AT 221 N. LA SALLE STREET, CHICAGO, IL 60601

ELECTRICAL JOINT APPRENTICE TRAINING TRUST 6201 W. 115TH STREET, WORTH, IL 60482

EIN NO 36-2445742

Provides training and education for apprentices in the industry.

NATIONAL ELECTRICAL BENEFIT FUND 2400 RESEARCH BLVD., SUITE 500, ROCKVILLE, MY 20850-3266

EIN NO 53-0181657 PLAN NO. 001

Provides pension benefits for members.

ORGANIZATION NAME:	
ELECTRICAL WORKERS IBEW AFL-CIO	
ENDING DATE OF PERIOD COVERED: 12/31/2001	
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Item Number	
12	THE LOCAL MAINTAINS A PAC FUND. THE PAC FUND IS A SEPARATE SEGREGATED FUND ESTABLISHED TO PROVIDE POLITICAL
	DONATIONS TO STATE AND LOCAL CANDIDATES. THE PAC FUND BEGAN FILING REPORTS WITH THE INTERNAL REVENUE
	SERVICE DURING THE YEAR ENDED DECEMBER 31, 2000. THE ACTIVITIES OF THE PAC FUND FOR THE YEAR ENDED DECEMBER
1	31, 2001 ARE NOT INCLUDED ON THIS RETURN. THE BALANCE OF THE PAC FUND AT DECEMBER 31, 2000 IS NOT INCLUDED IN
İ	OACH AT OTABT OF BEING HET MOTOR. THE BAB WOL OF THE TAG TOWN AT DECEMBER OF 2000 TO THOUSED HA
-	CASH AT START OF PERIOD, ITEM 25(A).
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ENDING DATE OF PERIOD COVERED: 12/31/2001

DEPRECIATION EXPENSE:
BUILDING \$186,401
FURNITURE & EQUIPMENT 132,316
AUTOMOBILES 140,470
OTHER FIXED ASSETS 16,636
TOTAL \$475,823
THE LOCAL TRADED IN SIXTEEN AUTOMOBILES WITH A TOTAL COST OF \$366,633 AND A BOOK VALUE OF \$151,614 TOWARD THE PURCHASE OF SEVENTEEN NEW AUTOMOBILES. THE TOTAL TRADE IN VALUE OF THE OLD AUTOMOBILES WAS \$114,507.
\$29,427 OF BUILDING IMPROVEMENTS WAS INCLUDED IN ACCOUNTS PAYABLE AT DECEMBER 31, 2000.

TE ADDITIONAL INFORMATION	
12/31/2001	
ENDING DATE OF PERIOD COVERED:	
ELECTRICAL WORKERS IBEW AFL-CIO	
ORGANIZATION NAME:	

tem Number 14	THOMAS HAVEY LLP.
14	THOMAND HAVE LEEF.
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rm LM-2 (Revised	(2000) 6 - 175

CRGANIZATION NAME: ELECTRICAL WORKERS IBEW AFL-CIO
ENDING DATE OF PERIOD COVERED: 12/31/2001

Item Number	
22	THE INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS CONVENED AN INTERNATIONAL CONVENTION DURING THE 2001 YEAR. AS A RESULT OF ACTIONS TAKEN DURING THE CONVENTION, THE CONSTITUTION AND BY-LAWS OF THE INTERNATIONAL WERE AMENDED. THE INTERNATIONAL HAS NOTIFIED EACH OF ITS LOCAL UNIONS OF ITS INTENT TO FILE TH CONTSTITUTION/BY-LAW CHANGES WITH THE DEPARTMENT OF LABOR ON BEHALF OF ITS AFFILIATE.

DRGANIZATION NAME:	
ELECTRICAL WORKERS IBEW AFL-CIO	
ENDING DATE OF PERIOD COVERED:	
12/31/2001	

75. ADDITIONAL INFORMATION (continued)

25

DUE TO NEW IRS REPORTING REQUIREMENTS FOR POLITICAL ORGANIZATIONS, THE PAC FUND NOW FILES REPORTS WITH THE IRS WHICH ARE PUBLICLY AVAILABLE. CONSEQUENTLY, THE PAC ACTIVITY IS NO LONGER INCLUDED IN THE LM-2 FILING. THE CASH AT THE BEGINNING OF THE REPORTING PERIOD HAS BEEN RESTATED TO EXCLUDE THE PAC CASH OF \$57,074 AT DECEMBER 31, 2000.

CASH AT 12/31/00 LESS PAC CASH RESTATED AT 1/1/01 \$2,300,129

- 57,074

\$2,243,055

DRGANIZATION NAME: ELECTRICAL WORKERS IBEW AFL-CIO	<del>- , , , ,</del>
ENDING DATE OF PERIOD COVERED: 12/31/2001	

#### **75. ADDITIONAL INFORMATION**

Item	Number
	29

THE LOCAL VALUES ITS INVESTMENTS AT FAIR MARKET VALUE AT DECEMBER 31, 2001. THE LOCAL HAD AN UNREALIZED GAIN OF \$23,928 (\$24,505 GAIN FOR U.S. TREASURY SECURITIES & \$577 LOSS FOR OTHER INVESTMENTS).

A PORTION OF THE LOCAL'S OTHER INVESTMENTS ARE INVESTED IN COLLATERALIZED NOTES THROUGH CAPITAL CONSULTANTS, LLC. THE INVESTMENT FIRM HAS BEEN PLACED IN RECEIVERSHIP. THE RECEIVER HAS INDICATED THAT CLIENTS MAY SUFFER LOSSES. THE RECEIVER'S ACTIVITIES TO EVALUATE THE VALUE OF THESE INVESTMENTS ARE ONGOING AND WILL CONTINUE OVER AN EXTENDED PERIOD OF TIME. THE LOCAL HAS ESTIMATED THE MARKET VALUE OF THIS INVESTMENT BASED ON THE LIMITED FACTS KNOWN TO LOCAL 134 AT THIS TIME.

ORGANIZATION NAME: ELECTRICAL WORKERS IBEW AFL-CIO	
ENDING DATE OF PERIOD COVERED: 12/31/2001	

75. ADDITIONAL INFORMATION (continued)

	DITIONAL INI OKWATION (continued)
Item Number 30	SCHEDULE 5, COLUMN E - FAIR MARKET VALUE
	THE LOCAL HAS NO POLICY FOR PERIODICALLY APPRAISING ITS ASSETS TO DETERMINE THEIR FAIR MARKET VALUE. THE BOOK VALUE OF THE LOCAL'S ASSETS HAVE BEEN REPORTED AS A GOOD FAITH ESTIMATE OF THE FAIR MARKET VALUE.

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ORGANIZATION NAME:	
ELECTRICAL WORKERS IBEW AFL-CIO	
ENDING DATE OF PERIOD COVERED:	
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# 75. ADDITIONAL INFORMATION (continued)

l	Item Number	
	56	ITEM 56 & 57 AND SCHEDULE 9 & 10:

IT IS NOT PRACTICAL TO MAKE PRECISE DISTRIBUTION OF AUTOMOBILE OPERATING EXPENSES NOT PAID DIRECTLY TO OFFICERS AND EMPLOYEES AND INCLUDED IN COLUMN (F) AND (G). HOWEVER, AN ALLOCATION OF SUCH EXPENSES HAS BEEN MADE IN ACCORDANCE WITH IRS REPORTING RULES. IF UNION OWNED/LEASED AUTOMOBILES WERE USED 50% OR LESS FOR BUSINESS PURPOSES BY IRS REPORTING STANDARDS, THE REMAINDER IS TREATED AS IF IT WERE PERSONAL USE AND IS REPORTED IN COLUMN (G). IRS STANDARDS SHOULD NOT NECESSARILY BE CONSIDERED AS THE ACTUAL BUSINESS USE OF AN AUTOMOBILE.

ORGANIZATION NAME: ELECTRICAL WORKERS IBEW AFL-CIO
ENDING DATE OF PERIOD COVERED: 12/31/2001

em Number 72	THIS ITEM DESI ECTS ONLY DISDLIBSEMENTS ON DEHALE OF INDIVIDUAL MEMBERS FOR OTHER THAN NORMAL OPERATING			
12	THIS ITEM REFLECTS ONLY DISBURSEMENTS ON BEHALF OF INDIVIDUAL MEMBERS FOR OTHER THAN NORMAL OPERATING PURPOSES. ALL OF OUR EXPENSES BENEFIT THE ENTIRE UNION MEMBERSHIP AND INDIVIDUALS ARE NOT NORMALLY SINGLE OUT FOR SPECIAL PURPOSES.			

URGANIZATION NAME:	
ELECTRICAL WORKERS IBEW AFL-CIO	
ENDING DATE OF PERIOD COVERED:	
12/31/2001	

Item Number	
76	THE CHIEF EXECUTIVE OFFICER OF THE LOCAL IS THE BUSINESS MANAGER/FINANCIAL SECRETARY.
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}	
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ORGANIZATION NAME: ELECTRICAL WORKERS IBEW AFL-CIO	
ENDING DATE OF PERIOD COVERED:	

m Number	THE LOCAL IS THE DECIDENT		
77 THE CHIEF FINANCIAL OFFICER OF	THE LOCAL IS THE PRESIDENT.		